Signature Bank

Business Profile and Account Application This application allows you to open up to four accounts provided the account ownership is the same.

Section 1. Business Client Profile

Partnership Unincorp. Association Sole Prop.		
State: NY Date Est., 5/6/15 • Publicly Traded: Exchange	Symbol (or Parent Company's)	
Account Title Crystal Real Estate Management, Inc	:	
Business Address (connect be P.O. Box) 534 9th Avenue	Room/Floor No. D3	No. Of Years At Address >1 YR
City New York	State New York	zíp 10018
Telephone No. 917-579-0649	Fax No.	
Primary Contact GINA HOM	Relationship To Business, Vice Prosident / SEC	Direct Phone Number
Direct Email Address		Fees
EIN/SSN No.	Source of Initial Deposit; 518 nature	Bank / management fees Source of Revenue: Sknature Bank/ Law Fina management fee
Industry: ☐ Real Estate Owners ☐ Accounting/CPA Firm ☐ Not-for-profit	Intermediary/Business Managers Financial Co Type of Financial	Law Finn Management Fee
Precious Metals, Gems, Stones Produce/Meats	Other:	
Detail Description: Retail Wholesale Retail & Wholesale	Services Industry Capital Raise X	Other: REAL ESTATE - THIRD PARTY MGMT
Provide a domitted description of the business including products and services	/ .	
Ventustate-T	hird Party Manag	ement
List all foreign countries in which the client or its parent/subsidiary conducts	business: XN/A	
Section 1(a). Taxpayer Identification [ANPAYER IDENTIFICATION NUMBER CERTIFICATION - FOR US Busines SIGN THE APPLICABLE W-B FORD), WHICH IS W-BBEN, W-BECL, W-BEX FYOH ARE EXEMPT FROM FATCA REPORTING, PLEASE COMPLETE A W-9-20 by signing below, I bereby certify under population of pointry that (1) The EBNSSN withholding, because (a) I am exempt from beckup withholding, or (b) I have not be uldre to report all interest or dividends, or (c) the IRS has notified are that I am no testicion if Alex-Partnership, Corporation, Company, or Association organized in the unitations: You must cross out them (2) above if you have been notified by the IRS redividends on your hax catum. The Internal Revenue Service does not require void backup withholding. Print Name CIMA Hom Authorize Section 1(b). Signature Use Only -	SEES ONLY. FOREIGN BUSINESSES SHOULD NOT CO. P. OR W-SIMIY. I UNITED DE THIS TIN CERTIFICATION, INVIDENT SHOWN ON this form is my correct tax identificen notified by the Internal Revenue Service (IRS) in longer subject to backup withholding, and (3) I an a US or under US law, a U.S. estate and demestic tra- that you are currently subject to backup withholding to your consent to any provision of this document d Signature	CONFLETE THIS SECTION, BUT MUST COMPLETE. The arion number. (2) I am not subject to backup at I am subject to backup withholding as a result of U.S. citizen or other U.S. person (including a U.S. as as defined in 26 CFR 301.7701-7). Certification because you have failed to report all interest and
Client is: New/Walk-in Existing relationship 12 months or New/Referral (Referred by:	. .	n 12 months
Chex Systems Completed On File OFAC Completed On File 1.D. Attached On File Does this account require prior approval before establishing? Ye	Site Visit Telephone Verification Signore Control of C	ompleted On File ompleted On File
By signing below, I neknowledge that the client has been given Signature's B application, and in all other documents provided to Signature in connection	with this application, is accurate and current.	11.11
SUZZQUIC CENTAR Such Collect State of Co	5,23	U / 24// J
D > 1 S /OO RM Number (bank use only):		

GOVERNMENT **EXHIBIT** 141 19 Cr. 696 (PAE)

Section 1(c). Signers/Beneficial Owners (Over 20%) Note: Beneficial owners with a 20% or greater interest are required to be listed below. A capp of a valid photo ID is required for all listed. All the names listed will be verified by Chex Systems. Date of Birth 5/23/13 Jackeline Monzon Check ali that apply: [2] Officer Tido/Role President ID Type:X|Delver's License | Non-Oriver's License | Pusspor | Other ---US Citizon If yes, please specify: Bank Use Only Bank Use Only 0199791 Completed RM Number Gina Hom 2 Namo Check all that apply: 1 Officer X Signer X Beneficial Owner Vice-President / Sec % Ownership 50 US Resident Allen Hanno Address 55-14 32 Ave Woodside N If yes, please specify: Bank Use Only Bank Use Only 3On File OFAC Completed On File 3 Name Date of Birth 100 Check all that apply: Officer Signer | Beneficial Owner Title/Role ID Type: [[Driver's Liceuse | Non-Driver's Liceuse | Passport | []Other State or Country of ID Issuance US Citizen US Resident Alien Non-Resident Alien Homo Address Are you nort or have you ever been a Fareiga Public Official or as immediate family member of an individual holding such an office? 📋 Yes 📋 No if yes, please specify: Bank Use Only Bank Use Only Completed On File Chex Systems On File OFAC Completed RM Number On File ☐ Atmol:od Date of Birth ☐ Beneficial Owner Exp. Date Check all that apply: % Ownership ID Type: || Driver's Licease || Non-Driver's Licease || Passycet || Other Title/Role Non-Resident Alien State or Country of ID Issuance US Resident Alien US Citizen Are you now or have you ever been a Foreign Public Official or an immediate fundly member of an individual helding such an affice? 🔲 Yes 📋 Yes If yes, please specify: Bank Use Only Bank Use Only Chex Systems ☐ Completed On File Completed On File OFAC RM Number Attached On File 0215100

Signature Bank 19-cr-00696-PAE Document 128-21 Filed 05/01/20 Page 3 of 9 Business Profile and Account Application This application allows you to open up to four accounts provided the account ownership is the same. Section 1. Business Client Profile

Business Formatio Corporation Partnership	☐ LP ☐ Unincorp. Associ		Other:	lassification: C= Corporation, S=	S Corporation, P- Partnership)
State: V V Date	Est.: 1982 Pu	blicly Traded: Exchange	Symbol(or Pa	rent Company's)	
Account Title 18	MERCER EQUI	TY INC. Crys	Tal Real Estert	MGHT INE	, AGENT
Business Address (cannot be P.O. Box)	18 MERCER	STREET		Room/Flo	or No.
City NEW YOR	K		State NEW YORK	Zip 100	13
Telephone No. 646	-569-5574		Fax No.		
Primary Contact GINA HOM			Relationship To Busin Authorized Signer	ess Direct Ph 648-574-	one Number 5691
Direct Email Addre	SS GINA@CRYS	TALRMI.COM			
EIN/SSN No. 1	3 3 1	3 5 3 6	6 Source of Initial Deposit	ROH Co. Source of R	evenue: <u>Reyts</u>
industry: Real Est Accounting/CPA Fi	m [Real Estate - Third Par Not-for-profit Produce/Meats	· - —	y/Business Managers Lo Type of Financial Co.:	ew Furn
Precious Metals, Ge	-	_	ale Services Industry 🗌	Conital Paise Cother	
Real Estate ///	gragewen		ervices offered: MG MG Ehe A	Roferry locate	d Ki
TAXPAYER IDENTIFICA AND SIGN THE APPLICABL IF YOU ARE EXEMPT PRO: By signing below, I hereby withholding, because (a) I failure to report all interest Resident Alien, Partnership instructions: You must cros	TION NUMBER CER R W-8 FORM, WILCILI M FATCA REPORTING COURT (FORM) DEALING M CONTROL (M CONTROL	MERCATION - FOR US B S. W-SBEN, W-SECJ, W- M-RASE COMPLETE A. W- of perjury that: (1) The Pil- withholding, or (b) I have IRS has notified me that I: y, or Association organizes ou have been notified by the	-BEXP. OR W-SIMY. 9-2014 INSTEAD OF THIS TIN CI VSSN number shown on this form is not been notified by the Internal Re in no longer subject to backup with it in the US or under US law, a U.S. to IRS that you are currently subject	ESSES SHOULD NOT COMPLETE TH	er, (2) I am not subject to buckup et to backup withholding as a result or other U.S. person (including a U in 26 CFR 301.7701-7). Certification we failed to report all interest and to the certifications required to
Bonnie Soon-O	sberger		borized Signature		1120 2017
Print Name	N Ciamata				Date
	, –	ITE USE UNI g relationship 12 mont	y - Attestation	ionship greater than 12 month	a.
_		•	Other:	ionship greater than 12 month	3
Chex Systems OFAC		On Fife	Site Visit Telephone Verification	Completed Completed	On File
By signing below, I ack application, and in all o	nowledge that the clien ther documents provid			& Disclosures booklet and all info rate and current.	provided in this
Suzzayne	remana	(Ac	5	23	11/28/11
Account Officer Name		CAfcount Officer Sig	nature	PCG	Date

RM Number (bank use only): 0 2 4 9 (Signature Bank 3 **FOIA Confidential Treatment Requested by Signature Bank**



Case 1:19-cr-00696-PAE Document 128-21 Filed 05/01/20 Page 4 of 9 **Section 1(c). Signers/Beneficial Owners**

Note: Beneficial owners owning 20% or greater of a US formed business (10% or greater for non-US formed businesses) are required to be listed below.

A copy of a valid photo fD is required for all listed. All the names listed will be verified by Chex Systems.

1	Name Jackeline Monzon		ss		Date of Birth 5/28/73
	Cheek all that apply: ☐ Officer ☑ Signer ☐ Beneficial	Owner	1D#/9092	6011	Exp. Date 5/23/23
	Title/Role Authorized Signor % Ownership	D .			ense Puterport Other
	•		State or Country of I	D Issuance 🖊 🗸	
	Home Address 534 914 Ave C4, N			. ,	
	Are you now or have you ever been a Forcism Public Official or an in			yidual holdinu such a	<u>roffice</u> ? ☐ Yes 🔀 No
	If yes, please specify:				
	Bank Use Only		Bank Use Only Chex Systems	Completed	
	RM Number 0 1 99 7 9	1	OFAC	Completed	Con File
2	Name Gina Hom		SS	Attached	☑On File Date of Birth///8/62.
-	Check all that apply: ☐ Officer ☑ Signer ☐ Beneficial	Owner	ID#440039	2107	Exp. Date 9/7//9
	Title/Role Authorized Signor % Ownership				ense MPassport []Other
	☑ US Citizen ☐ US Resident Alien ☐ Non-Resident		State or Country of I		p
•			14 1137		
	Are you now or have you ever been a Foreign Public Official or an i	mmediate fam	ily member of an Indi	/ vidual holding such as	ufffice? ☐ Yes ☑No
	If yes, please specify:				
	Bonk Use Only		Bank Use Only	-	F14 F14
	00100	0	Chex Systems OFAC	☐ Completed ☐ Completed	☑ On File ☑ On File
	RM Number 0 0 / 2 0 5	7	ID ,	Attached	On File
3	Name		SS#		Date of Birth
	Check all that apply: Officer Signer Beneficial	Owner	ID#		Exp. Date
	Check all that apply: Officer Signer Beneficial Title/Role % Ownership		_	ense □Nos-Driver's Lie	Exp. Date crus Passport Other
			_		
	Title/Role % Ownership		1D Type: Driver's Like		
	Title/Role % Ownership US Citizen US Resident Alien Non-Resident Address Are you now or have you ever been a Foreign Public Official or an I	dest Alien	ID Type: [Driver's Lie State or Country of i	D Issuance	cone Passport Other
	Title/Role % Ownership US Citizen US Resident Alien Non-Resident Address Are you now or have you ever been a Forcism Public Official or an I If yes, please specify:	dest Alien	ID Type: [Driver's Lie State or Country of i	D Issuance	cone Passport Other
	Title/Role % Ownership US Citizen US Resident Alien Non-Resident Address Are you now or have you ever been a Foreign Public Official or an I	dest Alien	ID Type: Driver's Lie State or Country of i ily member of an indi Bank Use Only	D Issuance vidual holding sech a	noffics? Yes No
	Title/Role % Ownership US Citizen US Resident Alien Non-Resident Address Are you now or have you ever been a Foreign Public Official or an If yes, please specify: Bank Use Only	dest Alien	ID Type: Driver's Lie State or Country of I Ity member of an indi Bank Use Only Chex Systems OFAC	D Issuance widual holding such as Completed Completed	noffice? Yes No
	Title/Role % Ownership US Citizen US Resident Alien Non-Resident Address Are you now or have you ever been a Forcism Public Official or an I If yes, please specify:	dest Alien	ID Type: Driver's Lie State or Country of i Illy member of an indi Bank Use Only Chex Systems	D Issuance yidual holding such as	noffice? Yes No
4	Title/Role % Ownership US Citizen US Resident Alien Non-Resident Address Are you now or have you ever been a Foreign Public Official or an If yes, please specify: Bank Use Only	dest Alien	ID Type: Driver's Lie State or Country of I Ity member of an indi Bank Use Only Chex Systems OFAC	D Issuance widual holding such as Completed Completed	noffice? Yes No
4	Title/Role % Ownership US Citizen US Resident Alien Non-Resident Address Are you now or have you ever been a Foreign Public Official or an If yes, please specify: Bank Use Only RM Number	dent Alien mmediate fam	ID Type: Driver's Lie State or Country of I liv member of an indi Bank Use Only Chex Systems OFAC ID	D Issuance widual holding such as Completed Completed	On File
4	Title/Role	dent Alien mmediate fam Owner	ID Type: Driver's Lie State or Country of i Illy member of an indi Bank Use Only Chex Systems OFAC ID SS# ID #	D Issuance yidual holding such as Completed Completed Attached	On File On File Date of Birth
4	Title/Role	dent Alien mmediate fam Owner	ID Type: Driver's Lie State or Country of i Illy member of an indi Bank Use Only Chex Systems OFAC ID SS# ID #	D Issuance Completed Completed Attached	On File On File On File Date of Birth Exp. Date
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4	Title/Role	dent Alien mmediate fam Owner	ID Type: Driver's Lie State or Country of I lity member of an indi Bank Use Only Chex Systems OFAC ID SS# ID # ID Type: Driver's Lie State or Country of I	D Issuance ridual holding such as Completed Completed Attached Non-Driver's Lie D Issuance	On File On File On File Date of Birth Exp. Date Passport Other
4	Title/Role	dent Alien mmediate fam Owner	ID Type: Driver's Lie State or Country of i Illy member of an indi Bank Use Only Chex Systems OFAC ID SS# ID # ID Type: Driver's Lie State or Country of i	D Issuance ridual holding such as Completed Completed Attached Non-Driver's Lie D Issuance	On File On File On File Date of Birth Exp. Date Passport Other
4	Title/Role	dent Alien mmediate fam Owner	ID Type: Driver's Lie State or Country of I lity member of an indi Bank Use Only Chex Systems OFAC ID SS# ID # ID Type: Driver's Lie State or Country of I	D Issuance ridual holding such as Completed Completed Attached Non-Driver's Lie D Issuance	On File On File On File Date of Birth Exp. Date Passport Other
4	Title/Role	dent Alien mmediate fam Owner	ID Type: Driver's Lie State or Country of i lity member of an indi Bank Use Only Chex Systems OFAC ID SS# ID # ID Type: Driver's Lie State or Country of i lity member of an indi Bank Use Only	D Issuance widual holding such as Completed Completed Attached Non-Driver's Lie D Issuance	CODE Passport Other

FOIA Confidential Treatment Requested by Signature Bank

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Section 2. Account Mailing Address

e only for alternate mailing address) ment, Inc. 1441 Broadway, Suit	te 5047	
	State New York	^{Zip} 10018
nt Type		
Master/Sub-account	Monogram Escrow Account	Monogram Money Market Funds Program' (Specify funds below)
Sundatone Sundatone Escrew Account (Non-Attorney) Master: Sub-account	Attorney Escrow	Other
nds Program are 1) not FDIC insured, 2) not		
Card/Debit Card (Option	> Only available for businesses requiring single signing authority.
requested (If neither box is selected,	no card will be issued)	
nto fr Acknowled	coments	Client initial in box(es) below.
INTS Acknowled UNIS Acknowled Entire Signers, I assert that I have crossis Account Agreement, Business Account Fee Schedule, Funds Transfer then applicable, the Internet Banking forms and Conditions.	MONG By initiating this sub- received, read, and as Customer Agreement their respective terms shares in the Funds in	Client initial in box(es) below. CGRAM MONEY MARKET FUNDS PROGRAM Secretion and signing under Authorized Signers, I assert that I have grose to the Monogram Money Marker Funds Program For Business and the prospectus for each Fund selected and I agree to be bound by a. I request that the Bank, acting as my agent, purchase and redeem necessary of the properties of the p
	cking Escrow Account (Attorney)	State New York In Type Color Color Color Color



Section 3(a). Agreements & Acknowledgements Filed 05/01/20 Page 6 of 9

	entify that on behalf of the applicant I have correctly and foreintally completed this application applicable agreements in the Signature Business Account Autoenteuts and Disclosures boold, (
Account Title 18 MERCER EQUITY INC.	Crystal Real Estate Management Inc. Agent
1. Print Name JACKELINE MONZON Signature	lan large Title Authorized Signor Date 11/22/12
2. Print Name GINA HOM Signature	Title Authorized Signor Date 11/22/17
3. Print Name Signature	Title Date
4. Print Name Signature	Title Date
on the accounts opened pursuant to this application, (ii) the above signatures (iii) the Authorized Signers are authorized by the applicant to act on	irement that more than one Authorized Signer sign on a transaction, the Bank
SIGN HERE: Must be signed by: Secretary if Corporation or Association; Manager or Managin if Sole proprietorship.	g Member if LLC; General Partner if Purtnership, Limited Partnership or LLP; or Owner
Section 4. Signature Employee Use (Only
Signature Bank/Monogram Money Market Funds Program Account(s) Sold	Purpose of Account: Operating Payroll Private Placement Settlements - Real Estate Court Supervised Financial/Investment Services Donations/Contributions Escrow Other (specify)
Purpose of Account: Operating	Purpose of Account: Operating Payroll Private Placement Settlements - Real Estate Court Supervised Financial/Investment Services Donations/Contributions Escrow Other (specify)
Notes:	
Were all Client signatures verified? Yes No Was Client present Account Officer Name Suzanne Ferrare PCG # 53	Account Officer Signature
(By signing above, I acknowledge that the client has been given Signature's Business Acc all other documents provided to Signature in connection with this application, is accurat	count Agreements & Disclosures booklet and all information provided in this application , and in e and current.)

RM Number 02 69 669 Signature Bank 6
FOIA Confidential Treatment Requested by Signature Bank



Corporate Resolution

I, the uno	lersigned Secretary, hereby certify to Signature Bank, that at a meeting of the Board of Directors of 18 MERCER EQUITY INC.
	("Corporation"), a corporation organized and existing under the laws of New York
duly calle	d and duly held on the 20 day of November , 2017 , the following resolutions ("Resolutions") were duly adopted, and that
the said I	Resolutions have been entered upon the regular minute books of the Corporation, are in accordance with the Corporation's By-Laws,
have not	been rescinded or modified, and are now in full force and effect.
RESOLV	<u>ED</u>
1.	That Signature Bank ("the Bank") is hereby designated a depository and provider of banking services to this Corporation;
DEPOSI	T RELATED AUTHORITIES
2.	FULL AUTHORITY: That the authorized signer(s) with the title: President Vice President Treasurer
	☐ Secretary ☑ and/or who are named:
	Jackeline Monzon or Gina Hom as authorized signors
	when signing: individually by any of them are authorized to do any of the following on behalf of the
	Corporation: (Any authority that requires more than one authorized signer to sign, or any other restriction, is subject to the terms set forth in Paragraph 5)
	(Any minority interregation more than one minorized signs to sign, or any other restriction, is subject to the terms surjoint in a way up to y
	a. To open deposit accounts at the Bank and sign any applications, agreements or documents relating to such accounts;
	b. To contract for any services offered by the Bank;
	c. To submit for deposit and/or collection for the account of this Corporation all checks, drafts, notes or other instruments for the
	payment of money; and the Bank is authorized to accept such instruments, whether or not endorsed by this Corporation, it being understood that each such instrument shall be deemed to be unqualifiedly endorsed by this Corporation;
	d. To sign checks, drafts or other orders with respect to any funds to the credit of this Corporation, including checks, drafts or orders
	in favor of any officer designated above;
	e. To make withdrawals of funds from accounts in the name of this Corporation including transfers between accounts by any
	means permitted by the Bank;
	f. To sign the Bank's Funds Transfer Application and other agreements, forms and/or documents relating to the wire or transfer of
	funds from the Corporation's accounts at the Bank and designate in such applications, agreements, forms and/or documents those authorized to initiate, approve and confirm such wires or funds transfers;
	g. To execute on behalf of this Corporation in favor of the Bank indemnities, guarantees, endorsements, assignments, receipts and
	other documents related to this paragraph 2;
	h. To utilize and authorize others to utilize the Bank's internet banking services with respect to the Corporation's accounts at the
	Bank, this will include internal transfers, funds transfers, ACH payments/collections, Bill Pay and view balance information; and
	i. To conduct any and all other lawful business with the Bank.
3.	The authorities stated above shall apply to 🗹 all of the Corporations accounts or 🗌 the following accounts (and any replacement
٥.	accounts) of the Corporation*:
	*If all of the Corporation's accounts, input the RM# on page 3. If only specific accounts, please list them below.
	Account # Account #

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BORROWING RELATED AUTHORITIES

4.	That the authorized signer(s) Jackeline Monzon or Gina			Vice President	Treasurer Secretary	and/or who are named
	when signing: indivice Corporation: (Any authority that requires m.)				ized to do any of the follo	
	a. To apply for and obtain lob. To sell or discount instruc. To assign, transfer, pledge	oans, letters of crec ments, chattel pap e or otherwise hyp his Corporation in	it and any oth er and other c othecate or gra favor of the B	er type of borrowin ontracts for the pay ant a security intere	ng and to access overdraft rment of money; est in any property of this	lines of credit;
5.	(Applicable to Corporations rea that any signing authority re internal policy and not a serv to comply with this limitatio. Corporation account or for a Corporation designated abov comply with its internal polic Corporation account in order	quiring more than rice offered by the n, the Bank assum ny withdrawal fror ie in paragraph 2. 'cy and will control	one authorize Bank. That the es no respons n any such ace That the Corpe the designate	ed signer to sign, or e Corporation agree ibility for the paym count which is hon- oration further agree d signers' access to	r any other restriction, is a es that, while the Bank wil ent of a check, draft, or ot ored and does not adhere ses to rely solely upon the checks, drafts, or other it	a statement of its own Il make a reasonable effort ther item drawn on any to the internal policy of the designated signers to ems drawn on any
6.	That this Corporation ratifies	s and confirms any	and all trans	actions with the Ba	nk made prior to the date	of this Resolution.
7.	That the Corporation agrees complaints, demands, liabili result of the Bank accepting whether in writing, orally or so by an authorized signer in	ties and obligation and acting on a do through an electro	s (including le cument signe onic medium,	egal and all other ex d by or a transactio by one of the above	rpenses) made against or n initiated, conducted, ap	suffered by the Bank as proved or confirmed,
8.	That the Corporation agrees agreements and disclosures, applicable, delivered or mad- the account(s) of the Corpora	such as, but not li e available to the C	mited to, fund orporation fro	ls transfer applicati	on and internet banking	terms and conditions, if
9.	That the Bank (and any inter Resolution shall have been r copy of such subsequent res	evoked or modifie	l by a subsequ	ent resolution of th	ne Board of Directors of th	his Corporation and until a
	er certify that the authorized signors and that the designated au					
A - 41	<u>Title</u>		laaka	lina Manzon	<u>Name</u>	
	rized Signor rized Signor		Gina I	line Monzon Hom		
			Volume to the contract of the	-		
					11,100,00V 111	

		Bonnie Soor	-Osberger
gnature of Secretary (or Secretary/President if sole	Officer) Name of Sec	retary (or Secretary/Pre	
ATTEST:			
/ / // // - // - // - // - // - // - /	Stephanie Phillip		
Signature of Attesting Officer	Name of Attesting Officer		
Board Presid	ent		
Title of Attesting Office	er		
			Affix Corporate Seal
following: I certify that	is t	he Secretary and Presid	ent of the above Corporation.
Signature of Shareholder	Name of Shareholder	to be a second as	Date
	FOR INTERNAL USE ONLY		
	and the second s		
M#(required) 0 2 6 9	669		

Signature Bank 9
FOIA Confidential Treatment Requested by Signature Bank

Number only.